

00- R-1921

Entered - 06/15/99 - sb
CL99L0370 - DIANNE C. MITCHELL

CLAIM OF: DOROTHY LEE THORNHILL
445 Cleveland Avenue
Apt. B-31
Atlanta, Georgia 30354

For damages alleged to have been sustained as a result of a fall on an
unpaved portion of the sidewalk on May 10, 1999 on Broad Street.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell by RAG/DCA
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0370

Date: November 13, 2000

Claimant /Victim DOROTHY LEE THORNHILL
BY: (Atty) (Ins. Co.) _____
Address: 445 Cleveland Avenue, Apt. B-31, Atlanta, Georgia 30354
Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ 10,000.00
Date of Notice: 06/07/99 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 05/10/99 Place: Broad Street
Department Public Works Division: Street Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges she was injured when she fell in a planter that was not level with the sidewalk. Pursuant to Atlanta City Code §138-11, the abutting property owner is responsible for the maintenance of planters within the sidewalks. The claimant has been advised of the above.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

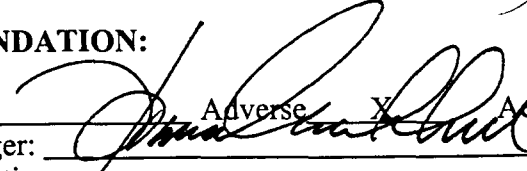
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-14-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

05/28/99

JUN 7 1999

MUNICIPAL CLERK

ENTERED - 6-15-99 - SB
99L0370 - MIKE REEVES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ 10,000 bodily injury for which I contend the City is liable.

1. Date of incident: 5/10/99 2. Time of Incident: 10:30 3. Police called: /
(month/day/year) Yes No

4. Location of incident (including street address): _____

5. Name of your insurance company: Medicaid Policy No. 253664361A

6. State what and how incident occurred: Walking down side walk on
Feet on two iron bars sticking up
from side walk

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Dorothy Thornton
Signature of Claimant

00-R-1921

DOROTHY L E THORNTON
(Print Claimant's Name)

445 Cleveland Ave Apt B31
(Address)

Atlanta GA 30354
(City, State and Zip Code)

(Work Number)

(Home Number)

404/363-9123